3M

Docket No.: 58635US002

32692 Cautamer Number

Request for Continued Examination (RCE) Transmittal

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	First Named Inventor:	Jones, Edward L.		MAR 3 0 2005			
COPY	Application No.: Filed: Title: Lens Having at This is a Request for Co application.	10/615663 July 9, 2003 Least One Lens Centration entinued Examination (Re	Group Art Unit: Examiner: Mark and Methods of Ma CE) under 37 CFR § 1.11	2873 Stultz, Jessica T. king and Using Same 4 of the above-identified	fil		
BEST AVAILABLE	1. Submission requires a. Previously su i. Consid (Any u ii. Consid iii. Other b. Enclosed i. Affids iii. Affids iii. Inform iv. Other 2. A Request for Es 3. Fees (The RCB for und a. The Director is her	ler the amendment(s)/reply un mentered amendment(s) referi ler the arguments in the Appe	red to above will be entered) al Brief or Reply Brief previous terment (iDS)/Supplemental II DS)/Supplemental IDS d concurrently ed by 37 CFR § 1.114 when to following fees or credit any of the copy of this letter for fees	nustly filed on DS submitted 2/10/05 the RCB is filed.) verpayments to:	- god		
04/07/2005 RGRAI 01 FC:1801		2005 By:	Plast ralle, Reg. No.: 52,131 page No.: (651) 733-6750				
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PAGE 1/1 * RCVD AT 373072005 12:16:34 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:651 736 4517 * DURATION (mm-ss):00-32

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	PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 Application of Docker Number /0/6/5/6/3											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			25		18 38			RATE	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FI	375.00	OB	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS		2 minus 20=		• 5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			Y minus 3 =		• .	1		X42=	 	OR	X84=	84
MULTIPLE DEPENDENT CLAIM PI			RESENT				.140-		1	.000	0.7	
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2							+140=		OR	+280=	(0.4
	CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	924
(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 17	Minus	2	5	. —		X\$ 9=		OR	X\$18=	+
AME	Independent	رج .	Minus	***	1	· <u> </u>		X42=.	nd is no seen absorbed	OR	X84=	. —
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	340 +200=	
2	PCF.					L	TOTA			TÖTAL ADDIT, FEE		
3-30 75 (Column 1) (Column 2) (Column 3)						. ′	ADDIT, FEEOT ADDIT, FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	· 17.	Minus	** 6	25	. —		X\$ 9=		OR	X\$18=	
AME	Independent	* <u>}</u>	Minus	****	4			X42=		ÒR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							-	YOTA VODIT. FEI		OR	TOTAL ADDIT. FEE	
_	6 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(Column 1)	o de la compa	(Colun		(Calumn 3)						
AMENDMENT C		REMAINING AFTER "AMENDMENT"		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• .	Minus	••		=		X\$ 9=		OR	X\$18=	
AME	Independent	+	Minus	***		-		X42=	<u> </u>	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								 		+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL TOTAL Approx 655								OR	+28U=			
***	***If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3." ADDIT. FEE											
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											